



## Entomologists Monitor Bird Populations to Limit Potential Mosquito-Borne Virus Outbreaks

Last year, news of an outbreak of West Nile Encephalitis in New York stirred up fear on the East Coast. Although Indiana has not had any cases, the ISDH is currently testing for the virus among bird populations around the state at sites like the Indianapolis Livestock Market. West Nile Encephalitis is mosquito-borne, and it takes a bite from a mosquito that has fed on an infected bird in order to transmit it to a human.

"In practical terms, the West Nile virus is no worse than St. Louis Encephalitis, which it is closely related to, and we have historically had problems with St. Louis Encephalitis in the Midwest," said Mike Sinsko, ISDH senior medical entomologist. "And that is why we're running this surveillance program."

The ISDH has four full-time entomologists, including Sinsko, and six Governor's Interns collecting samples. Approximately 30 Indiana counties are sampled weekly or bi-weekly, depending on how important the ISDH entomologists perceive them to be as potential transmission locations.

"We keep on sampling over the course of the summer," said Sinsko. "We usually start in May and keep on working until the end of August into September. That will, of course, depend on if we see virus activity."

At each testing site, special nets are used to safely capture birds. Blood is drawn from the birds, which are then banded and released. The ISDH has been licensed by the federal government to band birds.

"We periodically recapture these birds, which is why we band them to start out with, so we can recognize them when we get them again. We can see if there is any change in their status in regards to being exposed to the virus," said Sinsko.

The birds' blood is then taken back to the ISDH laboratory, where it is centrifuged and then run through a screening test called hemagglutination inhibition at the virology/immunology lab.

Any blood samples testing positive for



**MONITORING BIRD POPULATIONS** requires catching birds and taking samples of blood. Elizabeth Yoon (top photo), one of six Governor's Interns working with ISDH entomologists, points to a bird caught in a netting trap.

Yoon poses by a bird holding cage (middle photo) at the Indianapolis Livestock Market. Bird calls of females in the holding cage help attract males to the netting trap at left.

Yoon holds a bird (bottom photo) while drawing a blood sample destined for ISDH lab analysis.



encephalitis are sent to the University of Notre Dame, which ISDH contracts to run a more specific test called a serum neutralization test. Since it is more specific, this test takes five days to complete. Next year, the ISDH laboratory will be able to handle live viruses and will begin conducting the serum neutralization test.

"Whether it is West Nile, St. Louis, or Eastern Equine Encephalitis, these three viruses are tested for in all the birds we collect," said Sinsko. "And these viruses can cause epidemics. So, our first response to a positive result would be to let the local health departments know so they can gear up their control activities and try and reduce the size of the mosquito populations by going out and killing mosquito larvae and mosquito adults."

"And of course we tell the general public about things that they can do, and there is a lot that the general public can do," Sinsko added.

"We try to get people information about the proper repellents they should be using and how they should be using them," said Sinsko. "How they should dress and that sort of thing. We also tell them about the mosquito breeding that could be going on on their very own properties."

He advises people to check their property for things like discarded tires, clogged drain gutters, and birdbaths that aren't flushed out frequently enough. He cautions that these can all produce large numbers of mosquitoes close to where people live.

Homeowners who have a septic system can reduce risk of an outbreak by making sure it is not discharging to the surface. According to Sinsko, mosquitoes that carry the West Nile virus will breed in septic effluent in huge numbers.

Although mosquito control programs can get at public sites like roadside ditches, they can't get at individual backyard habitats. "We have to rely on the cooperation of the public to help us with places like that," said Sinsko. — Jennifer Dunlap

## Indiana Farmers' Market Program Helps Make Strong, Healthy Babies



**INDIANAPOLIS FARMERS' MARKET** vendor bags fresh produce at booth accepting WIC Farmers' Market checks. Photo by Daniel Axler

Asparagus, mushrooms, blueberries and tomatoes — these are just a few examples of the wide assortment of fruits and vegetables you can buy at any one of Indiana's farmers' markets. For participants of the Women, Infants and Children Program (WIC), there is no place better to get fresh produce with WIC Farmers' Market checks.

The Farmers' Market Nutrition Program, which began in July 1992, provides participants in the WIC program with checks to purchase fruits and vegetables at local farmers' markets. Only recently harvested, unprocessed, locally grown fruits and vegetables are eligible for purchase with the checks.

The program offers participants a great way to add fresh, nutritious produce to their diets. The goal is to help them establish a lifelong behavior of eating "5 a Day for Better Health" (servings of fruits and vegetables). WIC participants also receive nutrition education from the local WIC clinic to help them make appropriate selections and learn how to best prepare fruits and vegetables.

Local farmers benefit greatly from

the program, as it attracts a new base of customers to the market and helps them receive a greater share of family food dollars. The program also encourages small farms to diversify their production of fruits and vegetables. Indiana does not limit the number of farmers who may be authorized to accept the program's checks at an approved market.

"It is such a great program; a real win-win for everyone," said Kathleen Lauerman, policy specialist and Farmers' Market Program coordinator. "It costs the farmers nothing, and it costs the WIC participants nothing to participate."

"Farmers' markets are a community event," Lauerman added. "It is not just getting your fruits and vegetables and leaving, it is also a social event. Shopping there helps WIC participants feel more a part of the community."

The Farmers' Market Nutrition Program is funded by the United States Department of Agriculture, with the State of Indiana providing a 30 percent match to the federal funds. The ISDH, through the WIC Program, manages the program throughout the state.

In 2000, more than \$225,317 worth of checks were redeemed by 25,406 WIC participants at 25 authorized farmers' markets in 19 counties throughout Indiana. The market season generally operates between May 1 and October 31.

In order to receive checks from the Farmers' Market Nutrition Program, a WIC participant must live in a county where a local farmers' market has been approved to accept the checks. Every woman and child over the age of six months, or who will turn six months by October 30, who is participating in the program will receive six checks with a value of \$3.00 each. These checks may only be redeemed from designated vendors at farmers' markets approved by the program. Participants are not allowed to receive cash, change, credit, or refunds when using one of the program's checks.

— Jennifer Dunlap

# National Men's Health Week is June 11-17

National Men's Health Week is held annually the week before Father's Day. The observance was officially recognized in 1994 by Congress in HJ Resolution 209.

For this year's observance, a revamped *Men's Maintenance Manual* has been produced by the editors of *Men's Health* magazine and is available free online at <http://www.menshealth.com/nmhw2/> to provide "choices that help (men) live better, longer."

The manual says that men are confronted with two challenges in caring for health. The first is a tendency to maintain a macho image, to keep a stiff upper lip and suffer in silence when stressed or ill, which may account for the fact men visit physicians approximately 33 percent less than women.

The second challenge is the abundance of sometimes conflicting health information confronting both men and women. According to the manual, "A valuable resource in sorting out the useful from the silly or even potentially harmful, is your family doctor," when consulted regularly—"not just every 10 years when you're too sick to lift your head."

The manual contains a "Ladder to Leanness" section with both conventional and esoteric culinary tips on fat, fiber, meat, fruits and vegetables, and portioning.

A "10 Stress Busters" section offers practical tips for reducing stress both at home and on the job, and includes, "The Complete Anti-Surprise Survival Kit" to minimize stress.

## CASA Immunization Assessment Summary Shows Upward Progress In Completed Immunizations

"The vaccination coverage level by private physicians has increased this year," says Terry Adams, supervisor of the Vaccines for Children (VFC) Program, referring to participating physicians who have completed the entire series of vaccinations of their patients who are children under two years of age.

Clinical Assessment Software Application (CASA) statistics for 2001, to May 1, show the percentage of participating physicians completing vaccinations for their patients under age two is up, from 53.6 percent for 1998, to 74.8 percent for 2001. Adams reports that 438 private physician assessments were completed in 2000, and he projects completing surveys for all VFC participating physicians in 2001.

For the past three years, CASA project surveyors, who are supervised by Adams, have been making their rounds to the offices of private Hoosier physicians who participate in the VFC Program, which is supported by Federal funding and provides free vaccines to qualifying children. The vaccines are distributed through the Indiana State Department of Health.

The surveyors assess the case files of participating physicians for the percentage of completed vaccinations and report their findings to the physicians.



**CHARLENE GRAVES, M.D.**, medical director for immunization, meets with Terry Adams, supervisor of the Vaccines for Children program's six field

Photo by Daniel Axler

## Proclamation

**WHEREAS**, according to the Men's Health Network, despite the advances in medical technology and research, the average man's life expectancy is seven years shorter than the average woman's; and

**WHEREAS**, preventative health measures such as disease awareness remain essential to the early detection and treatment of health problems affecting men; and

**WHEREAS**, lifestyle practices such as tobacco cessation, regular physical activity and proper nutrition are an important part of a healthy lifestyle, and guidance in following such practices can be provided by health professionals; and

**WHEREAS**, in addition to universal health issues such as heart disease, cancer and stroke, several diseases and medical problems specific to men, including testicular and prostate cancer, can be avoided through preventative measures; and

**WHEREAS**, the Men's Health Network reports that men who are educated about the value of preventive health will be more likely to participate in health screening; and

**WHEREAS**, it is hoped that educating Indiana's public and health care providers about the importance of the early detection of male health problems will help reduce rates of mortality from these diseases; and

**WHEREAS**, in 1994 Congress officially designated the week prior to Father's Day as National Men's Health Week;

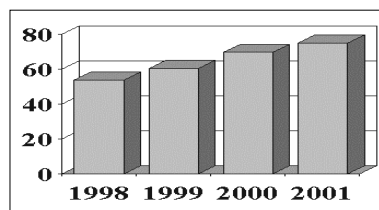
**NOW, THEREFORE, I, FRANK O'BANNON**, Governor of the State of Indiana, do hereby proclaim June 11 - 17, 2001, as

**MEN'S HEALTH WEEK** in the State of Indiana, and invite all citizens to take due note of the observance.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Indiana at the Capitol in Indianapolis on this 22<sup>nd</sup> day of May, 2001.

**BY THE GOVERNOR: Frank O'Bannon**  
Governor of Indiana

The purpose of the CASA survey, according to Charlene Graves, M.D., medical director for immunization, is to encourage universal immunization of children.



**THE GRAPH** shows the overall vaccination percentage coverage level by Indiana VFC program private physicians of their patients under two years of age.



# CDC Official Praises Indiana Lead Poisoning Prevention Regional Workshop as 'Trail Blazing'

A CDC official opened her talk last week at a regional lead prevention workshop with repeated praise for attendees as trail blazers. She noted their efforts for holding the first or "pilot" regional workshop in the nation (1999), and as being in the first region to schedule a workshop in the year 2001.

Attendees' efforts were rewarded, she implied, by being the first regional representatives presented with the CDC's new strategic plan, which she reviewed in her talk, "Eliminating Childhood Lead Poisoning: (The) Role of (the) CDC in the Federal Elimination Strategy." She distributed an abbreviated "draft" copy following her speech.

The official was Claudette Grant-Joseph, section chief of the Lead Poisoning Prevention Branch of the CDC. She made her presentation to the "Region V Partnership Workshop: The 2010 Puzzle: Putting the Pieces Together."

Indiana State Health Commissioner Greg Wilson, M.D. welcomed participants at the opening session of the

workshop.

The workshop, held June 4-6 in Indianapolis, was sponsored by the CDC to discuss successes, past and present, and to address cutting-edge issues associated with future elimination of childhood lead poisoning by the year 2010.

Region V comprises the states of Indiana, Michigan, Minnesota, Ohio, Illinois, and Wisconsin.

In her presentation, Grant-Joseph discussed detailed action recommendations for primary and secondary prevention, with

objectives to ensure appropriate management of children with elevated blood-lead levels and to identify children at risk of lead exposure to ensure their housing is lead-safe before they are exposed. The plan also includes recommendations for surveillance, research, and international activities.

Grant-Joseph's presentation followed a series of workshop break-out sessions, one of which featured Chris Ulsas, environmental scientist in the ISDH Childhood Lead Prevention Program (CLPPP). Ulsas spoke on

"Using Geographic Information Systems (GIS) to Enhance Primary Prevention." He presented the evolving history of the use of GIS in locating and testing children with moderate and high risk of lead poisoning.

Ulsas showed that after following a more universal plan for blood-lead level testing in Hoosier cities, the location of case counts began to reveal the problem areas. Ulsas said that today, as a result of the GIS mapping, valuable time and resources are conserved by pinpointing testing to those areas with the highest risk.

High risk areas, he says were identified through regression analysis. This process compared high lead poison incidence areas with factors like family income, race, traffic volume (remember leaded gasoline?), one-parent families, and housing stock age.

Ulsas said, of these, the factor most reliable in predicting lead poisoning risk is housing built before 1950, the date that lead began to be phased out as a constituent of house paint.

Blood-lead testing is used to establish where aggressive remediation efforts should be applied to remove the threat of lead poisoning of children.

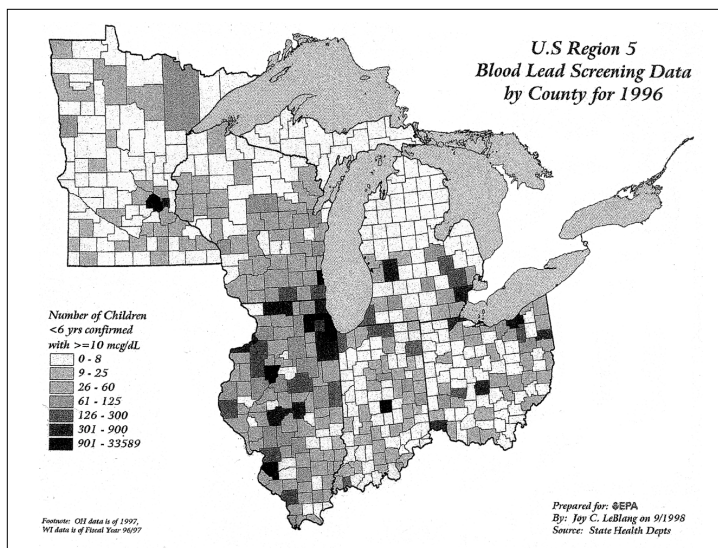
— David Pilbrow



CHRIS ULSAS, workshop presenter  
Photo by Daniel Axler

**GIS MAP:** This map provides a visual display, by county, in Region V, of the numbers recorded in 1996 of cases of children less than six years of age diagnosed with blood-lead levels equal to or greater than 10 mcg/dL, which is considered dangerous to the health of a child.

Map courtesy of the EPA; data provided by state health departments



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